

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number 310151.412																								
<b>FY 2009</b>																										
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																										
Application Number 10/825,084		Filed April 15, 2004																								
For INDENE DERIVATIVES AS PHARMACEUTICAL AGENTS																										
Art Unit 1612	Examiner Barbara P. Badio																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center; width: 20%;"><b>Fee</b></th> <th style="text-align: center; width: 20%;"><b>Small Entity Fee</b></th> <th style="text-align: center; width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;"><u>\$130</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$_____</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.         </p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71          Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>32,783</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34.          Registration number if acting under 37 CFR 1.34. _____.       </p> <p> <u>Carol J. Roth</u>          Signature          Carol J. Roth          Typed or printed name       </p> <p style="text-align: right;">April 2, 2009          Date          206-622-4900          Telephone Number       </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.    Submit multiple forms if more than one signature is required.</p> <p>SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 1362701_1.DOC</p>				<b>Fee</b>	<b>Small Entity Fee</b>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$130</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_____
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